

# WRITE OFF INPUT FORM

Department/Organization Name



The Commonwealth of Massachusetts  
Office of the Comptroller

Revised 1/20/94

Document ID				WO Date	Acctg Prd	Bud FY
Trans <b>WO</b>	Dept	R/Org	Number			
Action:	Entry (E) Modify (M)	RE Due Date	Int Calc Flag	Customer Code	Cust Loc	Cust Type
Special Instruction (SPIN)	External Flag	RE Type	Document Total	Remit To:	Comments	

Dept Customer Code	Customer Name
Customer Address	
City	State Zip Code

LN	Fund	Dept	Org	S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg
Rate Code	Number of Units	Units of Measure	Amount				I/D	Description			

LN	Fund	Dept	Org	S/Org	Rev Srce	S/Rev	Prog	Type	PRJ/CL/GRC	ACTV	Rept Catg
Rate Code	Number of Units	Units of Measure	Amount				I/D	Description			

Prepared By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

Entered By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_